2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000106313

Entity Name: NO LIMIT INVESTMENTS, LLC

Current Principal Place of Business:

34 LAUREL RIDGE BREAK
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

180 PINTO LANE
ORMOND BEACH, FL 32174 US

Current Mailing Address:

34 LAUREL RIDGE BREAK
ORMOND BEACH, FL 32174 US

New Mailing Address:

P.O. BOX 731257
ORMOND BEACH, FL 32173 US

FEI Number: 20-5867691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LADE, TERRY S
180 PINTO LANE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	LADE, TERRY S	
Address:	180 PINTO LANE	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	MGR	( ) Delete
Name:	NEWKIRK, HARRY	
Address:	1742 JACOBS RD	
City-St-Zip:	SOUTH DAYTONA, FL 32119 US	
Title:	MGR	( ) Delete
Name:	DIGAETANO, JAMES	
Address:	1816 FORREST PERSERVE BLVD	
City-St-Zip:	PORT ORANGE, FL 32128 US	
Title:	MGR	( ) Delete
Name:	CONSTANTINO, STENEN	
Address:	5926 BROKEN BOW LANE	
City-St-Zip:	PORT ORANGE, FL 32127 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TERRY S. LADE MGR 04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date